



BOILERMAKERS' NATIONAL HEALTH PLAN (CANADA)

SUMMARY OF BENEFITS

OFFICE STAFF PLAN - CENTURY CONCRETE PRODUCTS (2016) LIMITED

All benefits are subject to the terms of the insurance policies and the official Plan documents.

This is a summary for your convenience

AS AT: MAY 1, 2022

BENEFITS		ACTIVE MEMBER'S BENEFITS
Life Insurance:	Benefit Amount:	\$75,000 (member only)
Optional Life Insurance	Benefit Amount:	On application for member
Dependant Life - Optional	Benefit Amount:	On application
AD & D:	Principal Amount:	\$100,000 (member only)
Dependant Life:	Amount of Insurance:	Optional Available
Long Term Disability Income:	Maximum Benefit Amount:	\$2,400 per month
	Taxes:	Benefit is taxable
	Qualifying Period:	26 continuous weeks of total disability. Where applicable LTD benefits will commence after the expiry of the WI benefit.
	Benefit Duration:	Maximum to age 65
Weekly Disability Income:	Maximum Benefit Amount:	Not Applicable
	Taxes:	Not Applicable
	Qualifying Period:	Not Applicable
	Benefit Duration:	Not Applicable
Dental:	Deductible:	Nil
	Reimbursement:	100% for basic and major expenses, 60% for orthodontics.
	Fee Guide:	Current
	Maximums:	\$2,500 per person each calendar year for basic and major expenses. \$2,000 lifetime maximum for orthodontics.
	Scaling:	Scaling 8 units, recall 6 months, Bitwings 6 months, specialist fee covered 20%, white fillings covered
	Coverage Notes:	Dental implant coverage may be reimbursed at the equivalent cost of a bridge or partial denture. Orthodontic coverage is for dependant children 19 years of age or younger. Members should submit a pre-determination of benefits form to the Plan for services over \$500 and orthodontics.



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Vision Care:	Member Benefit Amount:	Lenses: \$500 per 24 months including \$150 for Frames
	Dependant Benefit Amount:	Lenses: \$400 per 24 months including \$150 for Frames
	Laser Eye Surgery:	\$1,750 Lifetime Maximum (member only)
	Contact Lenses:	\$250 per 24 months per person
	Basic Eye Exam and Retina Exam:	1 basic eye exam or retina exam per calendar year (when not covered by the provincial government plan)
**Medical Benefit: <i>IBB: Enrollment in Provincial Health Care Plan is mandatory. Provincial Plan is the first payer.</i>	Lifetime Maximum:	Unlimited
	Reimbursement:	100% of most eligible expenses subject to maximums and limits; prescription drugs are reimbursed at the lower of the brand name or generic drug ingredient cost. If no generic drug is available, the Plan will pay 100% of the brand name drug ingredient cost.
	Deductible:	Nil. Maximum dispensing fee payable of \$9.50 per prescription.
	Out-of-Pocket Maximum:	N/A
	Practitioners:	Chiropractor, Speech Therapist, Osteopath, Naturopath, Homeopath, and Podiatrist: Expenses are reimbursed at 100%, up to a maximum of \$300 annually, per practitioner.
		Acupuncture and Massage Therapy: Expenses are reimbursed at 50%, up to a maximum of \$300 annually.
		Certified Athletic Therapist, Physiotherapist and Occupational Therapist: Expenses are reimbursed at 100%, up to a maximum of \$75 per treatment and \$5,000 annually
	Psychologist and Psychotherapist:	Expenses are reimbursed up to a maximum of \$2,000 annually and up to a maximum of \$200 per hour. Please consider using the Plan's member assistance program for free private counselling.
	Prescription Drugs:	Reimbursement (as described above) for drugs which by law require the written prescription of a physician. Includes oral contraceptives, fertility drugs (\$2,500 per family), diabetic supplies, smoking cessation (100% for 1st course of treatment up to \$400, 50% for 2nd course of treatment up to \$200), erectile dysfunction (\$400 per calendar year), anaesthesia, vaccinations and immunizations (subject to individual maximums). Over the counter drugs, vitamins or minerals are not covered. Medical cannabis including derivatives is not covered.
	Ambulance	Reimbursement for land ambulance services when used to transport to the nearest hospital. If ambulance services provided by air or rail, there is a \$500 maximum per individual, per calendar year.
Accidental Dental	\$5,000 per dental accident - work must commence within 12 months.	
Annual Medical Exam	\$50 reimbursement to physicians for providing the Plan's "Physician's Confirmation of Annual Medical Exam" note.	
Audiometric Testing	Annual hearing testing or re-testing & custom fitted earplugs.	
Hospital:	The difference between ward room and semi-private room. Rehabilitation hospital room allowance is \$10 per day up to a maximum of 100 days of confinement per disability prior to age 65.	



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**Medical Benefit: <i>IBB: Enrollment in Provincial Health Care Plan is mandatory. Provincial Plan is the first payer.</i>	Medical Services and Supplies:	Medical equipment and supplies, custom foot orthotics (maximum \$400 per year) and orthopedic shoes (at 50%, maximum \$400 per year), PSA tests, oxygen and oxygen supplies.
	Hearing Aids:	\$1,500 per 48 month period
	Private Duty Nursing	Up to \$10,000 per year
	Mobility Assistance Equipment Benefit:	Reimbursement of 75% of the expenses associated with specific mobility equipment and its installation, subject to a lifetime maximum benefit of \$5,000. (member only).
	Age 65 Provincial Plan Benefit	\$200 annual maximum benefit to reimburse the actual cost incurred to enroll in the individual's provincially sponsored health care/medical plan. Covers premium, deductibles and co-payments.
	Travel Costs related to Medical Treatment	Reasonable expenses associated with travelling at least 100km to receive medically necessary treatment otherwise unavailable. 80% of expenses are reimbursed for members or eligible dependants; subject to a lifetime family maximum benefit of \$1,000. Includes accommodation, meal and gas/travel expenses.
Emergency Travel Assistance (ETA):	Coverage:	90 day trip duration maximum, 6 month health stability period; per claim maximum of \$5,000,000 per covered person. Must be in a condition of stable health prior to departure. Top-up coverage is available for an extended trip duration.
Employee Assistance Program:	Coverage:	Confidential counselling services providing crisis support, advice and information by telephone, face-to-face, or online. Tel# 1.866.990.1113, TTY: 1.888.234.0414, Website: myfseap.com. Please contact the Plan Administration Office for group name and password.
Virtual Health Care	Open to all active and retired members:	Virtual care prescription re-fill, consultation and access to specialists

**** Medical expenses must be medically necessary, reasonable and customary in the circumstances.**